

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

☐ Chapter 7

☒ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

B 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Charles**

First name

**F.**

Middle name

**Scioscia**

Last name and Suffix (Sr., Jr., II, III)

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

**xxx-xx-1085**

Debtor 1 **Charles F. Scioscia**

Case number (if known)

**About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**☐ I have not used any business name or EINs.**DBA Charles F. Scioscia, MD**☐ I have not used any business name or EINs.

Business name(s)

EINs

Include trade names and  
doing business as names

Business name(s)

EINs

**5. Where you live****15 Hopke Avenue  
Hastings on Hudson, NY 10706**

Number, Street, City, State &amp; ZIP Code

**Westchester**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.**Post Office Box 468  
Hastings on Hudson, NY 10706**

Number, P.O. Box, Street, City, State &amp; ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State &amp; ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Charles F. Scioscia**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.

☐ Chapter 7☒ Chapter 11☐ Chapter 12☐ Chapter 13

8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** ☐ No.  
☒ Yes.

	<b>Southern District of New York</b>	When	<b>8/06/08</b>	Case number	<b>08-23128-rdd</b>
District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No.  
☐ Yes.

Debtor	_____	Relationship to you	_____
District	_____	When	_____
Case number, if known	_____		
Debtor	_____	Relationship to you	_____
District	_____	When	_____
Case number, if known	_____		

11. **Do you rent your residence?** ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Charles F. Scioscia**

Case number (if known)

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

☐ No. Go to Part 4.

☒ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

**Charles F. Scioscia, MD**

Name of business, if any

**Post Office Box 468  
Hastings on Hudson, NY 10706**

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

☐ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☒ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

☒ No.

☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **Charles F. Scioscia**

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

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If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Charles F. Scioscia**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

<b>16. What kind of debts do you have?</b>	16a. <b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.												
	16b. <b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.												
	16c. State the type of debts you owe that are not consumer debts or business debts  <hr/>												
<hr/>													
<b>17. Are you filing under Chapter 7?</b>	<input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.												
<b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes												
<hr/>													
<b>18. How many Creditors do you estimate that you owe?</b>	<table border="0"><tr><td><input checked="" type="checkbox"/> 1-49</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 25,001-50,000</td></tr><tr><td><input type="checkbox"/> 50-99</td><td><input type="checkbox"/> 5001-10,000</td><td><input type="checkbox"/> 50,001-100,000</td></tr><tr><td><input type="checkbox"/> 100-199</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> More than 100,000</td></tr><tr><td><input type="checkbox"/> 200-999</td><td></td><td></td></tr></table>	<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000	<input type="checkbox"/> 200-999		
<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000											
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000											
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000											
<input type="checkbox"/> 200-999													
<hr/>													
<b>19. How much do you estimate your assets to be worth?</b>	<table border="0"><tr><td><input type="checkbox"/> \$0 - \$50,000</td><td><input type="checkbox"/> \$1,000,001 - \$10 million</td><td><input type="checkbox"/> \$500,000,001 - \$1 billion</td></tr><tr><td><input type="checkbox"/> \$50,001 - \$100,000</td><td><input type="checkbox"/> \$10,000,001 - \$50 million</td><td><input type="checkbox"/> \$1,000,000,001 - \$10 billion</td></tr><tr><td><input checked="" type="checkbox"/> \$100,001 - \$500,000</td><td><input type="checkbox"/> \$50,000,001 - \$100 million</td><td><input type="checkbox"/> \$10,000,000,001 - \$50 billion</td></tr><tr><td><input type="checkbox"/> \$500,001 - \$1 million</td><td><input type="checkbox"/> \$100,000,001 - \$500 million</td><td><input type="checkbox"/> More than \$50 billion</td></tr></table>	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion	<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion											
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion											
<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion											
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion											
<hr/>													
<b>20. How much do you estimate your liabilities to be?</b>	<table border="0"><tr><td><input type="checkbox"/> \$0 - \$50,000</td><td><input checked="" type="checkbox"/> \$1,000,001 - \$10 million</td><td><input type="checkbox"/> \$500,000,001 - \$1 billion</td></tr><tr><td><input type="checkbox"/> \$50,001 - \$100,000</td><td><input type="checkbox"/> \$10,000,001 - \$50 million</td><td><input type="checkbox"/> \$1,000,000,001 - \$10 billion</td></tr><tr><td><input type="checkbox"/> \$100,001 - \$500,000</td><td><input type="checkbox"/> \$50,000,001 - \$100 million</td><td><input type="checkbox"/> \$10,000,000,001 - \$50 billion</td></tr><tr><td><input type="checkbox"/> \$500,001 - \$1 million</td><td><input type="checkbox"/> \$100,000,001 - \$500 million</td><td><input type="checkbox"/> More than \$50 billion</td></tr></table>	<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion
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<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion											
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion											

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Charles F. Scioscia****Charles F. Scioscia**

Signature of Debtor 1

\_\_\_\_\_  
Signature of Debtor 2Executed on **December 7, 2015**

MM / DD / YYYY

Executed on \_\_\_\_\_

MM / DD / YYYY

Debtor 1 **Charles F. Scioscia**

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one****If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Daniel F. Brown**

Date

**December 7, 2015**

Signature of Attorney for Debtor

MM / DD / YYYY

**Daniel F. Brown**

Printed name

**Andreozzi, Bluestein, Weber, Brown, LLP**

Firm name

**333 International Drive, Suite B-4  
Williamsville, NY 14221**

Number, Street, City, State &amp; ZIP Code

Contact phone **(716) 633-3200**

Email address

Bar number &amp; State

**Fill in this information to identify your case:**

Debtor 1 **Charles F. Scioscia**  
 First Name Middle Name Last Name  
 Debtor 2  
 (Spouse if, filing) First Name Middle Name Last Name  
 United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK  
 Case number  
 (if known)

☐ Check if this is an amended filing

**B 104**

**For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders**

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

**Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.**

			Unsecured claim
1	<b>Chase Bank</b> <b>Home Equity Loan Services</b> <b>Post Office Box 24714</b> <b>Columbus, OH 43224</b>	What is the nature of the claim? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: Unsecured claim	Unsecured loan; second mortgage on residence released in October, 2014 \$ \$62,000.00
	Contact Contact phone		
2	<b>Internal Revenue Service</b> <b>Centralized Insolvency</b> <b>Post Office Box 7346</b> <b>Philadelphia, PA 19101-7346</b>	What is the nature of the claim? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply Does the creditor have a lien on your property? No	Income Tax, Interest and Penalties \$ \$225,473.95

Debtor 1 **Charles F. Scioscia** Case number (if known) \_\_\_\_\_

Contact

Contact phone



Yes. Total claim (secured and unsecured)

\$

Value of security:

- \$

Unsecured claim

\$

3

**Internal Revenue Service  
Centralized Insolvency  
Post Office Box 7346  
Philadelphia, PA 19101-7346**

Contact

Contact phone

What is the nature of the claim?

**Income Tax and  
Interest**

**\$ \$188,417.76**

As of the date you file, the claim is: Check all that apply



Contingent



Unliquidated



Disputed



None of the above apply

Does the creditor have a lien on your property?



No



Yes. Total claim (secured and unsecured)

\$

Value of security:

- \$

Unsecured claim

\$

4

**NYS Department of Taxation &  
Finance, Bankruptcy Unit  
Post Office Box 5300  
Albany, NY 12205**

Contact

Contact phone

What is the nature of the claim?

**Income Tax, Interest  
and Penalties (no  
non-exempt property  
to secure Tax Warrant)**

**\$ \$34,728.42**

As of the date you file, the claim is: Check all that apply



Contingent



Unliquidated



Disputed



None of the above apply

Does the creditor have a lien on your property?



No



Yes. Total claim (secured and unsecured)

\$

Value of security:

- \$

Unsecured claim

\$

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**NYS Department of Taxation &  
Finance, Bankruptcy Unit  
Post Office Box 5300  
Albany, NY 12205**

Contact

Contact phone

What is the nature of the claim?

**Income Tax and  
Interest**

**\$ \$11,500.00**

As of the date you file, the claim is: Check all that apply



Contingent



Unliquidated



Disputed



None of the above apply

Does the creditor have a lien on your property?



No



Yes. Total claim (secured and unsecured)

\$

Value of security:

- \$

Unsecured claim

\$

Debtor 1 Charles F. Scioscia Case number (if known) \_\_\_\_\_

**6**

**NYS Dept. of Labor, Insolvency  
Harriman State Office Campus  
Building 12, Room 256  
Albany, NY 12240**

What is the nature of the claim?

Notice Only

\$ \$1.00

As of the date you file, the claim is: Check all that apply

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed  
☐ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact \_\_\_\_\_

Contact phone \_\_\_\_\_

**Part 2: Sign Below**

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/ Charles F. Scioscia  
**Charles F. Scioscia**  
Signature of Debtor 1

X \_\_\_\_\_  
Signature of Debtor 2

Date December 7, 2015

Date \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1	<b>Charles F. Scioscia</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		Your assets Value of what you own
1. <b>Schedule A/B: Property</b> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	337,500.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	66,847.72
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	404,347.72

#### Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	1,028,479.72
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$	199,918.76
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$	322,202.37
<b>Your total liabilities</b>		<b>\$ 1,550,600.85</b>

#### Part 3: Summarize Your Income and Expenses

4. <b>Schedule I: Your Income</b> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$	34,691.97
5. <b>Schedule J: Your Expenses</b> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$	30,768.43

#### Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Charles F. Scioscia**

Case number (if known)

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **26,622.17**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
<b>From Part 4 on <i>Schedule E/F</i>, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>199,918.76</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>0.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <b>199,918.76</b>

**Fill in this information to identify your case and this filing:**

Debtor 1	<b>Charles F. Scioscia</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>SOUTHERN DISTRICT OF NEW YORK</u>			
Case number _____			

☐ Check if this is an amended filing

## Official Form 106A/B Schedule A/B: Property

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In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

**15 Hopke Avenue**

Street address, if available, or other description

**Hastings on  
Hudson**

**NY**

**10706-0000**

City

State

ZIP Code

**Westchester**

County

**What is the property?** Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the  
entire property?**

**\$675,000.00**

**Current value of the  
portion you own?**

**\$337,500.00**

**Describe the nature of your ownership interest  
(such as fee simple, tenancy by the entireties, or  
a life estate), if known.**

**Fee Simple**

☐ Check if this is community property  
(see instructions)

**Other information you wish to add about this item, such as local**

**property identification number:**

**Jointly owned; market value  
of \$675,000.00; liens against  
in the amount of  
approximately \$961,632.00;  
Debtor's total equity is  
approximately \$0.00**

**2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>**

**\$337,500.00**

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Charles F. Scioscia**

Case number (if known) \_\_\_\_\_

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**☐ No☒ Yes

3.1 Make: **Saab**  
 Model: **9-3**  
 Year: **2002**  
 Approximate mileage: \_\_\_\_\_  
 Other information:  
 \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this is community property**  
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?****Current value of the portion you own?****\$2,230.00****\$2,230.00**

3.2 Make: **Honda**  
 Model: **Odyssey**  
 Year: **2006**  
 Approximate mileage: \_\_\_\_\_  
 Other information:  
 \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this is community property**  
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?****Current value of the portion you own?****\$6,812.00****\$6,812.00**

3.3 Make: **Saab**  
 Model: **9-5**  
 Year: **2003**  
 Approximate mileage: \_\_\_\_\_  
 Other information:  
 \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ **Check if this is community property**  
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?****Current value of the portion you own?****\$796.00****\$796.00****4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*☒ No☐ Yes

**5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>**

**\$9,838.00****Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings***Examples: Major appliances, furniture, linens, china, kitchenware*☐ No☒ Yes. Describe.....

**Assorted household goods (owned jointly with wife; total value of \$4,000.00)**

**\$2,000.00****7. Electronics***Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games*☐ No

Debtor 1 **Charles F. Scioscia**

Case number (if known) \_\_\_\_\_

☒ Yes. Describe.....**Assorted electronics (owned jointly with wife; total value of \$1,000.00)****\$500.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☐ No☒ Yes. Describe.....**Assorted collectible books and autographs****\$2,000.00****Assorted medical books****\$1,000.00****Multiple collectible coins****\$600.00****9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☐ No☒ Yes. Describe.....**Assorted mountain bikes and racing bikes****\$2,600.00****Assorted guitars****\$1,000.00****10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.....**Assorted clothing****\$1,000.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.....**Gold watch****\$400.00****Turquoise watch****\$300.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe.....**Dog****\$0.00****14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....****\$11,400.00**

Debtor 1 **Charles F. Scioscia**

Case number (if known)

**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes.....**Cash on hand** **\$420.00****Various gift cards** **\$220.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes.....

Institution name:

**Joint checking account with wife with JPMorgan Chase Bank, Post Office Box 659754, San Antonio, Texas 78265-9754, account number ending in 9031 (total balance of \$22,557.43; all funds belong to the Debtor)**

17.1.

**\$22,557.43****Savings account with JPMorgan Chase Bank, Post Office Box 659754, San Antonio, Texas 78265-9754, account number ending in 2140**

17.2.

**\$115.13****Checking account with Astoria Bank, 560 Warburton Avenue, Hastings-on-Hudson, New York 10706, account number ending in 1133**

17.3.

**\$410.00****Joint checking account with wife with Astoria Bank, 560 Warburton Avenue, Hastings-on-Hudson, New York 10706, account number ending in 7202 (total balance of \$615.19)**

17.4.

**\$307.60****Checking account with Astoria Bank, 560 Warburton Avenue, Hastings-on-Hudson, New York 10706, account number ending in 9186**

17.5.

**\$496.00****Checking account with Astoria Bank, 560 Warburton Avenue, Hastings-on-Hudson, New York 10706, account number ending in 3667**

17.6.

**\$1,340.00****Checking account with Astoria Bank, 560 Warburton Avenue, Hastings-on-Hudson, New York 10706, account number ending in 3668**

17.7.

**\$1,270.00****Checking account with Citibank, Post Office Box 769018, San Antonio, Texas 78245, account number ending in 6533**

17.8.

**\$93.32**

Debtor 1 **Charles F. Scioscia**

Case number (if known)

17.9.	Custodian of UTMA account for son (not estate's property) with MFS Investment Management, Post Office Box 55824, Boston, Massachusetts 02205-5824 account number ending in 1385 (balance of \$2,964.88)	\$0.00
17.10	Custodian of UTMA account for son (not estate's property) with Invesco Investment Services, Inc., Post Office Box 219319, Kansas City, Missouri 64121-9319 account number ending in 7078 (balance of \$1,687.09)	\$0.00
17.11	Custodian of UTMA account for son (not estate's property) with Putnam Investments, Post Office Box 55814, Boston, Massachusetts 02205-5814 account number ending in 7205 (balance of \$3,812.36)	\$0.00

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes.....

Institution or issuer name:

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☐ No☒ Yes. Give specific information about them.....

Name of entity:

**Charles F. Scioscia, MD, Debtor's d/b/a (unliquidated)**

% of ownership:

**100%** %**\$0.00****20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☐ No☒ Yes. Give specific information about them

Issuer name:

**U.S. Savings Bonds****\$600.00****21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each account separately.

Type of account:

Institution name:

**Participant in pension plan with Principal Financial Group, 711 High Street. Des Moines, Iowa 50392 (Debtor is no longer able to contribute because plan is with former employer)****\$1,129.22****Participant in pension plan with Massa & Associates, Inc., 100 North Centre Avenue, Rockville Centre, New York 11570 (upon information and belief, when the Debtor reaches age 65, he will be eligible to receive benefits in the amount of \$955.00 per month)****\$0.00****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No

Debtor 1 **Charles F. Scioscia**

Case number (if known) \_\_\_\_\_

☐ Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☐ No☒ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):**529(b) College Plan for daughter (not estate's property, Code Section 541(b)(6); all funds deposited more than 720 days prior to the filing) with American Funds, Post Office Box 1148, Norfolk, Virginia 23501-1148, account number ending in 4035 (balance of \$2,732.44)****\$0.00****25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☐ No☒ Yes. Give specific information about them...**New York State medical license (unliquidated)****\$0.00****California State medical license (unliquidated)****\$0.00****Money or property owed to you?****Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☐ No☒ Yes. Give specific information..**Reimbursements for business conference****\$2,620.62****31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☐ No☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Debtor 1 **Charles F. Scioscia**

Case number (if known) \_\_\_\_\_

Whole life insurance policy with Mass Mutual Financial Group, 1295 State Street, Springfield, Massachusetts 01111, policy number ending in 6302 (balance of \$6,358.70; loan against in the amount of \$1,328.30; net cash surrender value of \$5,030.40)	Elizabeth Galletta	\$5,030.40
Disability insurance policy with Provident Life and Casualty Insurance Company, 1 Mercantile Street, Worcester, Massachusetts 01608, policy number ending in 6392 (no cash surrender value)	Charles F. Scioscia	\$0.00
Term life insurance policy with Allstate Insurance Company, 1819 Electric Road S.W., Roanoke, Virginia 24018, policy number ending in 7306 (no cash surrender value)	Elizabeth Galletta	\$0.00
Joint personal umbrella insurance policy with wife with Allstate, 572 Warburton Avenue, Hastings on Hudson, New York 10706, policy number ending in 9911 (no cash surrender value)	N/A	\$0.00

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples: Accidents, employment disputes, insurance claims, or rights to sue*☒ No☐ Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.....**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information..**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$36,609.72****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☐ No. Go to Part 6.☒ Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

Debtor 1 **Charles F. Scioscia**

Case number (if known) \_\_\_\_\_

**38. Accounts receivable or commissions you already earned**☐ No☒ Yes. Describe.....**Accounts receivable****\$7,500.00****39. Office equipment, furnishings, and supplies***Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices*☐ No☒ Yes. Describe.....**Assorted medical equipment****\$1,500.00****40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☒ No☐ Yes. Describe.....**41. Inventory**☒ No☐ Yes. Describe.....**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**43. Customer lists, mailing lists, or other compilations**☒ No.☐ Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☒ No☐ Yes. Describe.....**44. Any business-related property you did not already list**☒ No☐ Yes. Give specific information.....**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....****\$9,000.00****Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*

Debtor 1 **Charles F. Scioscia**

Case number (if known) \_\_\_\_\_

☒ No☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

**\$0.00****Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....		<b>\$337,500.00</b>
56. Part 2: Total vehicles, line 5	<b>\$9,838.00</b>	
57. Part 3: Total personal and household items, line 15	<b>\$11,400.00</b>	
58. Part 4: Total financial assets, line 36	<b>\$36,609.72</b>	
59. Part 5: Total business-related property, line 45	<b>\$9,000.00</b>	
60. Part 6: Total farm- and fishing-related property, line 52	<b>\$0.00</b>	
61. Part 7: Total other property not listed, line 54	<b>\$0.00</b>	
	+	
62. Total personal property. Add lines 56 through 61...	<b>\$66,847.72</b>	Copy personal property total <b>\$66,847.72</b>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<b>\$404,347.72</b>

## Fill in this information to identify your case:

Debtor 1	<b>Charles F. Scioscia</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1:** Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
15 Hopke Avenue Hastings on Hudson, NY 10706 Westchester County Jointly owned; market value of \$675,000.00; liens against in the amount of approximately \$961,632.00; Debtor's total equity is approximately \$0.00 Line from <i>Schedule A/B</i> : 1.1	\$675,000.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)
2006 Honda Odyssey Line from <i>Schedule A/B</i> : 3.2	\$6,812.00	<input checked="" type="checkbox"/> \$3,675.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
Assorted household goods (owned jointly with wife; total value of \$4,000.00) Line from <i>Schedule A/B</i> : 6.1	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Assorted electronics (owned jointly with wife; total value of \$1,000.00) Line from <i>Schedule A/B</i> : 7.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Debtor 1 **Charles F. Scioscia**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Assorted collectible books and autographs</b> Line from Schedule A/B: 8.1	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>Assorted medical books</b> Line from Schedule A/B: 8.2	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$800.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(6)
<b>Assorted medical books</b> Line from Schedule A/B: 8.2	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>Multiple collectible coins</b> Line from Schedule A/B: 8.3	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>Assorted mountain bikes and racing bikes</b> Line from Schedule A/B: 9.1	<u>\$2,600.00</u>	<input checked="" type="checkbox"/> <u>\$2,600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
<b>Assorted guitars</b> Line from Schedule A/B: 9.2	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>Assorted clothing</b> Line from Schedule A/B: 11.1	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>Gold watch</b> Line from Schedule A/B: 12.1	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
<b>Turquoise watch</b> Line from Schedule A/B: 12.2	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
<b>Dog</b> Line from Schedule A/B: 13.1	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
<b>Cash on hand</b> Line from Schedule A/B: 16.1	<u>\$420.00</u>	<input checked="" type="checkbox"/> <u>\$420.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
<b>Various gift cards</b> Line from Schedule A/B: 16.2	<u>\$220.00</u>	<input checked="" type="checkbox"/> <u>\$220.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Debtor 1 **Charles F. Scioscia**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Joint checking account with wife with JPMorgan Chase Bank, Post Office Box 659754, San Antonio, Texas 78265-9754, account number ending in 9031 (total balance of \$22,557.43; all funds belong to the Debtor)</b> Line from Schedule A/B: 17.1	<b>\$22,557.43</b>	<input checked="" type="checkbox"/> <b>\$2,232.33</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Savings account with JPMorgan Chase Bank, Post Office Box 659754, San Antonio, Texas 78265-9754, account number ending in 2140</b> Line from Schedule A/B: 17.2	<b>\$115.13</b>	<input checked="" type="checkbox"/> <b>\$115.13</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Checking account with Astoria Bank, 560 Warburton Avenue, Hastings-on-Hudson, New York 10706, account number ending in 1133</b> Line from Schedule A/B: 17.3	<b>\$410.00</b>	<input checked="" type="checkbox"/> <b>\$410.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Joint checking account with wife with Astoria Bank, 560 Warburton Avenue, Hastings-on-Hudson, New York 10706, account number ending in 7202 (total balance of \$615.19)</b> Line from Schedule A/B: 17.4	<b>\$307.60</b>	<input checked="" type="checkbox"/> <b>\$307.60</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Checking account with Astoria Bank, 560 Warburton Avenue, Hastings-on-Hudson, New York 10706, account number ending in 9186</b> Line from Schedule A/B: 17.5	<b>\$496.00</b>	<input checked="" type="checkbox"/> <b>\$496.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Checking account with Astoria Bank, 560 Warburton Avenue, Hastings-on-Hudson, New York 10706, account number ending in 3667</b> Line from Schedule A/B: 17.6	<b>\$1,340.00</b>	<input checked="" type="checkbox"/> <b>\$1,340.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Checking account with Astoria Bank, 560 Warburton Avenue, Hastings-on-Hudson, New York 10706, account number ending in 3668</b> Line from Schedule A/B: 17.7	<b>\$1,270.00</b>	<input checked="" type="checkbox"/> <b>\$1,270.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Checking account with Citibank, Post Office Box 769018, San Antonio, Texas 78245, account number ending in 6533</b> Line from Schedule A/B: 17.8	<b>\$93.32</b>	<input checked="" type="checkbox"/> <b>\$93.32</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>

Debtor 1 **Charles F. Scioscia**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>U.S. Savings Bonds</b> Line from Schedule A/B: 20.1	<b>\$600.00</b>	<input checked="" type="checkbox"/> <b>\$600.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
<b>Participant in pension plan with Principal Financial Group, 711 High Street, Des Moines, Iowa 50392 (Debtor is no longer able to contribute because plan is with former employer)</b> Line from Schedule A/B: 21.1	<b>\$1,129.22</b>	<input checked="" type="checkbox"/> <b>\$1,129.22</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(E)
<b>Participant in pension plan with Massa &amp; Associates, Inc., 100 North Centre Avenue, Rockville Centre, New York 11570 (upon information and belief, when the Debtor reaches age 65, he will be eligible to receive benefits in the amount of \$955.00 per month)</b> Line from Schedule A/B: 21.2	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(E)
<b>Reimbursements for business conference</b> Line from Schedule A/B: 30.1	<b>\$2,620.62</b>	<input checked="" type="checkbox"/> <b>\$2,620.62</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
<b>Whole life insurance policy with Mass Mutual Financial Group, 1295 State Street, Springfield, Massachusetts 01111, policy number ending in 6302 (balance of \$6,358.70; loan against in the amount of \$1,328.30; net cash surrender value of \$5,030.40) Benefici</b> Line from Schedule A/B: 31.1	<b>\$5,030.40</b>	<input checked="" type="checkbox"/> <b>\$5,030.40</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)
<b>Disability insurance policy with Provident Life and Casualty Insurance Company, 1 Mercantile Street, Worcester, Massachusetts 01608, policy number ending in 6392 (no cash surrender value) Beneficiary: Charles F. Scioscia</b> Line from Schedule A/B: 31.2	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
<b>Term life insurance policy with Allstate Insurance Company, 1819 Electric Road S.W., Roanoke, Virginia 24018, policy number ending in 7306 (no cash surrender value) Beneficiary: Elizabeth Galletta</b> Line from Schedule A/B: 31.3	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)

Debtor 1 **Charles F. Scioscia**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Joint personal umbrella insurance policy with wife with Allstate, 572 Warburton Avenue, Hastings on Hudson, New York 10706, policy number ending in 9911 (no cash surrender value) Beneficiary: N/A</b> Line from Schedule A/B: <b>31.4</b>	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Assorted medical equipment</b> Line from Schedule A/B: <b>39.1</b>	<b>\$1,500.00</b>	<input checked="" type="checkbox"/> <b>\$1,500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(6)</b>

3. **Are you claiming a homestead exemption of more than \$155,675?**

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?☐ No☐ Yes

**Fill in this information to identify your case:**

Debtor 1	<b>Charles F. Scioscia</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK		
Case number (if known)			

☐ Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
<b>2.1 Chase Bank</b> Creditor's Name  <b>Home Equity Loan Services</b> <b>Post Office Box 24714</b> <b>Columbus, OH 43224</b> Number, Street, City, State & Zip Code	<b>Describe the property that secures the claim:</b> <b>Residence</b> <b>Location: 15 Hopke Avenue,</b> <b>Hastings on Hudson, New York</b> <b>10706</b> <b>\$199,632.00</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	<b>\$675,000.00</b>	<b>\$0.00</b>
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
<b>Date debt was incurred</b> <b>2006</b> <b>Last 4 digits of account number</b> <b>6977</b>			

<b>2.2 Internal Revenue Service</b> Creditor's Name <b>Centralized Insolvency</b> <b>Post Office Box 7346</b> <b>Philadelphia, PA</b> <b>19101-7346</b> Number, Street, City, State & Zip Code	<b>Describe the property that secures the claim:</b> <b>All property and rights to property</b> <b>\$66,847.72</b> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset)	<b>\$66,847.72</b>	<b>\$0.00</b>
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
<b>Notice of Federal Tax Lien</b>			

Debtor 1 **Charles F. Scioscia** Case number (if know) \_\_\_\_\_  
First Name Middle Name Last Name

Date debt was incurred **2008-2009** Last 4 digits of account number \_\_\_\_\_

2.3	<b>PHH Mortgage Corporation</b> Creditor's Name	Describe the property that secures the claim:	<b>\$762,000.00</b>	<b>\$675,000.00</b>	<b>\$0.00</b>
	<b>4001 Leadenhall Road Mount Laurel, NJ 08054</b> Number, Street, City, State & Zip Code	<b>Residence</b> <b>Location: 15 Hopke Avenue, Hastings on Hudson, New York 10706</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			

**Who owes the debt?** Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred **2001** Last 4 digits of account number **2920**

Add the dollar value of your entries in Column A on this page. Write that number here:  
 If this is the last page of your form, add the dollar value totals from all pages.  
 Write that number here:

<b>\$1,028,479.72</b>
<b>\$1,028,479.72</b>

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name Address <b>Chase Home Finance Post Office Box 24696 Columbus, OH 43224-0696</b>	On which line in Part 1 did you enter the creditor? <b>2.1</b> Last 4 digits of account number _____
<input type="checkbox"/>	Name Address <b>CitiMortgage, Inc. Post Office Box 6243 Sioux Falls, SD 57117-6243</b>	On which line in Part 1 did you enter the creditor? <b>2.3</b> Last 4 digits of account number _____
<input type="checkbox"/>	Name Address <b>Five Lakes Agency, Inc. Post Office Box 8073 Rochester, MI 48308-0730</b>	On which line in Part 1 did you enter the creditor? <b>2.1</b> Last 4 digits of account number _____
<input type="checkbox"/>	Name Address <b>Real Time Resolutions Chase Department 1349 Empire Central, Suite 150 Dallas, TX 75247</b>	On which line in Part 1 did you enter the creditor? <b>2.1</b> Last 4 digits of account number _____

## Fill in this information to identify your case:

Debtor 1	<b>Charles F. Scioscia</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

## 1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.☒ Yes.

## 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

**Internal Revenue Service**

Priority Creditor's Name

**Centralized Insolvency****Post Office Box 7346****Philadelphia, PA 19101-7346**

Number Street City State Zip Code

Last 4 digits of account number \$ **188,417.76** \$ **188,417.76** \$ **\$0.00**When was the debt incurred? **2012-2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes**Income Tax and Interest**

Debtor 1 **Charles F. Scioscia**

Case number (if know)

2.2

**NYS Department of Taxation &**

Priority Creditor's Name

**Finance, Bankruptcy Unit****Post Office Box 5300****Albany, NY 12205**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number \$ **11,500.00** \$ **11,500.00** \$ **\$0.00**When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**Income Tax and Interest**

2.3

**NYS Dept. of Labor, Insolvency**

Priority Creditor's Name

**Harriman State Office Campus****Building 12, Room 256****Albany, NY 12240**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number \$ **1.00** \$ **1.00** \$ **\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☒ Contingent☒ Unliquidated☒ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**Notice Only****Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.☒ Yes.**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

**Chase Bank**

Priority Creditor's Name

Last 4 digits of account number **1420** \$ **62,000.00**

Total claim

Debtor 1 **Charles F. Scioscia**

Case number (if know)

**Home Equity Loan Services  
Post Office Box 24714  
Columbus, OH 43224**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes**When was the debt incurred?****2004****As of the date you file, the claim is:** Check all that apply☐ Contingent☒ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Unsecured loan; second mortgage on residence released in October, 2014**

4.2

**Internal Revenue Service**

Priority Creditor's Name

**Centralized Insolvency****Post Office Box 7346****Philadelphia, PA 19101-7346**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes**Last 4 digits of account number**\$ **225,473.95****When was the debt incurred?****2008-2015****As of the date you file, the claim is:** Check all that apply☐ Contingent☒ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Income Tax, Interest and Penalties**

4.3

**NYS Department of Taxation &**

Priority Creditor's Name

**Finance, Bankruptcy Unit****Post Office Box 5300****Albany, NY 12205**

Number Street City State Zip Code

**Last 4 digits of account number**\$ **34,728.42****When was the debt incurred?****2010-2011****As of the date you file, the claim is:** Check all that apply

Debtor 1 **Charles F. Scioscia**

Case number (if know)

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes☐ Contingent☒ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Income Tax, Interest and Penalties (no non-exempt property to secure Tax Warrant)****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name Address

**-NONE-**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	Total claim
		\$	<b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	
		\$	<b>199,918.76</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	
Total claims from Part 2		\$	<b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	
		\$	<b>0.00</b>
	6e. Total. Add lines 6a through 6d.	6e.	
		\$	<b>199,918.76</b>
	6f. Student loans	6f.	Total Claim
		\$	<b>0.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	
		\$	<b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	
		\$	<b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	
		\$	<b>322,202.37</b>
	6j. Total. Add lines 6f through 6i.	6j.	
		\$	<b>322,202.37</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Charles F. Scioscia</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Name  Number Street  City State ZIP Code	
2.2 Name  Number Street  City State ZIP Code	
2.3 Name  Number Street  City State ZIP Code	
2.4 Name  Number Street  City State ZIP Code	
2.5 Name  Number Street  City State ZIP Code	

**Fill in this information to identify your case:**

Debtor 1	<b>Charles F. Scioscia</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF NEW YORK		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**  
Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:

3.1 **Elizabeth Galletta**  
**Post Office Box 468**  
**Hastings on Hudson, NY 10706**

☒ Schedule D, line 2.3  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G \_\_\_\_\_  
**PHH Mortgage Corporation**

3.2 **Elizabeth Galletta**  
**Post Office Box 468**  
**Hastings on Hudson, NY 10706**

☒ Schedule D, line 2.1  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G \_\_\_\_\_  
**Chase Bank**

3.3 **Elizabeth Galletta**  
**Post Office Box 468**  
**Hastings on Hudson, NY 10706**

☒ Schedule D, line 2.2  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G \_\_\_\_\_  
**Internal Revenue Service**

Debtor 1 **Charles F. Scioscia**

Case number (if known)

**Additional Page to List More Codebtors**

*Column 1: Your codebtor*

**Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:

3.4 **Elizabeth Galletta**  
**Post Office Box 468**  
**Hastings on Hudson, NY 10706**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.1**  
☐ Schedule G \_\_\_\_\_  
**Chase Bank**

Fill in this information to identify your case:

Debtor 1 Charles F. Scioscia

Debtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number  
(If known)

Check if this is:

- ☐ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status\*

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☒ Employed  
☐ Not employed

Self-Employed/Physician

8 Years

Debtor 2 or non-filing spouse

- ☒ Employed  
☐ Not employed

Professor/Speech Pathologist

City University of New York

205 E 42nd Street  
New York, NY 10017

4 Years

\*See Attachment for Additional Employment Information

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>0.00</u>	\$ <u>8,266.51</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>0.00</u>	\$ <u>8,266.51</u>

Debtor 1 **Charles F. Scioscia**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 0.00	\$ 8,266.51
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 1,301.30
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 835.62
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 582.51
5e. Insurance	5e. \$ 0.00	\$ 16.16
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 71.05
5h. Other deductions. Specify: <u>Transit Benefit</u>	5h.+ \$ 0.00	\$ 123.00
<u>Dependent Care</u>	\$ 0.00	\$ 451.40
<u>Flexible Spending</u>	\$ 0.00	\$ 225.70
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 3,606.74
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 4,659.77
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 29,521.09	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: <u>Sons' Take Home Pay</u>	8h.+ \$ 511.11	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 30,032.20	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 30,032.20 + \$ 4,659.77	= \$ 34,691.97
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$	34,691.97
Combined monthly income		
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain:		
The Debtor's wife recently started a part-time job one day per week. She expects to receive a salary of approximately \$18,000.00 per year from this job. This amount has been included in the Debtor's wife's wages in Schedule I, Line 2.		

Debtor 1 **Charles F. Scioscia**

Case number (if known) \_\_\_\_\_

**Official Form B 6I**  
**Attachment for Additional Employment Information**

<b>Spouse</b>	
Occupation	<b>Speech Pathologist</b>
Name of Employer	<b>New York University Hospital</b>
How long employed	<b>1 Month</b>
Address of Employer	<b>333 E 38th Street New York, NY 10016</b>

In re: Charles Scioscia

Case No. 15-\_\_\_\_\_

**Projected Monthly Business Income and Expenses\***

	Total
<b>Income</b>	
Gross Receipts	\$31,748.92
<b>Total Income</b>	<b>\$31,748.92</b>
<b>Expenses</b>	
Conferences	\$16.67
Insurance	\$378.58
Legal and Professional Fees	\$189.58
Licenses	\$35.00
Meals and Entertainment	\$194.17
Office Expenses	\$170.00
Postage	\$15.00
Professional Books	\$49.17
Professional Dues	\$10.42
Professional Journals	\$67.92
Rent	\$140.00
Repairs and Maintenance	\$34.17
Supplies	\$121.67
Travel	\$625.00
Utilities	\$180.50
<b>Total Expenses</b>	<b>\$2,227.83</b>
<b>Profit (Loss)</b>	<b>\$29,521.09</b>

\* Based on 2014 figures, plus any known increases or decreases

Fill in this information to identify your case:

Debtor 1 Charles F. Scioscia

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Daughter

11

☐ No

☒ Yes

Son

14

☐ No

☒ Yes

Son

18

☐ No

☒ Yes

Son

19

☐ No

☒ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 4,386.28

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 500.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 1,239.00

Debtor 1 **Charles F. Scioscia**

Case number (if known)

<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<b>466.41</b>
6b. Water, sewer, garbage collection	6b. \$	<b>78.46</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>0.00</b>
6d. Other. Specify: <b>Verizon Internet, Cable &amp; Phone</b>	6d. \$	<b>218.37</b>
<b>AT&amp;T Cell Phone</b>	\$	<b>449.00</b>
<b>7. Food and housekeeping supplies</b>	7. \$	<b>1,655.00</b>
<b>8. Childcare and children's education costs</b>	8. \$	<b>1,104.16</b>
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$	<b>244.00</b>
<b>10. Personal care products and services</b>	10. \$	<b>70.00</b>
<b>11. Medical and dental expenses</b>	11. \$	<b>1,521.51</b>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>1,774.85</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>400.00</b>
<b>14. Charitable contributions and religious donations</b>	14. \$	<b>125.00</b>
<b>15. Insurance.</b>		
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<b>865.92</b>
15b. Health insurance	15b. \$	<b>0.00</b>
15c. Vehicle insurance	15c. \$	<b>319.13</b>
15d. Other insurance. Specify: <b>Personal Umbrella Liability Insurance</b>	15d. \$	<b>33.09</b>
<b>Disability Insurance</b>	\$	<b>436.35</b>
<b>Life Insurance Loan Repayment</b>	\$	<b>300.00</b>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <b>Estimated Tax Payments</b>		
	16. \$	<b>12,000.00</b>
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<b>0.00</b>
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>
17c. Other. Specify:	17c. \$	<b>0.00</b>
17d. Other. Specify:	17d. \$	<b>0.00</b>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$	<b>0.00</b>
<b>19. Other payments you make to support others who do not live with you.</b>	\$	<b>1,920.49</b>
Specify: <b>Student Support</b>	19.	
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	<b>0.00</b>
20b. Real estate taxes	20b. \$	<b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>
<b>21. Other:</b> Specify: <b>Miscellaneous and Contingency</b>	21. +\$	<b>300.00</b>
<b>Gym Membership</b>	+\$	<b>19.95</b>
<b>YMCA Membership</b>	+\$	<b>35.00</b>
<b>EZ Pass</b>	+\$	<b>164.50</b>
<b>Transportation Expenses Not Categorized Elsewhere</b>	+\$	<b>73.55</b>
<b>Wife's Travel Expenses</b>	+\$	<b>68.41</b>
<b>22. Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$	<b>30,768.43</b>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	<b>30,768.43</b>
<b>23. Calculate your monthly net income.</b>		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	<b>34,691.97</b>
23b. Copy your monthly expenses from line 22c above.	23b. -\$	<b>30,768.43</b>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	<b>3,923.54</b>

Debtor 1 Charles F. Scioscia

Case number (if known) \_\_\_\_\_

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here: **As of Fall, 2015, the Debtor has two children in college. The amount he has used for student support on Schedule J, Line 19 is the actual average amount he has expended in the six full months prior to the filing.**

**Fill in this information to identify your case:**

Debtor 1 **Charles F. Scioscia**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Charles F. Scioscia  
**Charles F. Scioscia**  
Signature of Debtor 1

X \_\_\_\_\_  
Signature of Debtor 2

Date December 7, 2015

Date \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 **Charles F. Scioscia**  
First Name Middle Name Last Name

Debtor 2  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number  
(if known)

☐ Check if this is an amended filing

**Official Form 107**

**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

**1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

**Debtor 1**

**Sources of income**  
Check all that apply.

**Gross income**  
(before deductions and  
exclusions)

**\$304,650.00**

**From January 1 of current year until  
the date you filed for bankruptcy:**

☐ Wages, commissions,  
bonuses, tips

☒ Operating a business

**Debtor 2**

**Sources of income**  
Check all that apply.

**Gross income**  
(before deductions  
and exclusions)

☐ Wages, commissions,  
bonuses, tips

☐ Operating a business

Debtor 1 **Charles F. Scioscia**

Case number (if known)

	Debtor 1		Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
<b>For last calendar year: (January 1 to December 31, 2014 )</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$380,987.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>For the calendar year before that: (January 1 to December 31, 2013 )</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$308,417.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No  
☒ Yes. Fill in the details.

Debtor 1		Debtor 2
Sources of income Describe below..	Gross income (before deductions and exclusions)	Sources of income Describe below.
Income from one-time pension distribution, 1/1/14 - 12/31/14	<b>\$3,700.00</b>	

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more?

- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.  
☒ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Debtor 1 **Charles F. Scioscia**

Case number (if known)

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Allstate Insurance Company Post Office Box 660598 Dallas, TX 75266-0598	\$317.63 on 9/15/15; \$317.63 on 10/14/15; \$327.63 on 11/17/15	\$952.84	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Car Insurance</u>
Allstate Insurance Company Post Office Box 660598 Dallas, TX 75266-0598	\$579.98 on 9/9/15; \$579.98 on 10/9/15; \$579.98 on 11/9/15	\$1,739.94	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Life Insurance</u>
AT&T Post Office Box 537104 Atlanta, GA 30353	\$333.04 on 9/9/15; \$59.04 on 9/21/15; \$295.87 on 10/19/15; \$342.97 on 11/10/15	\$1,028.94	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Telephone</u>
Binghamton University 4400 Vestal Parkway East Binghamton, NY 13902	\$2,805.37 on 10/7/15; \$2,805.37 on 11/9/15	\$5,610.74	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Son's Tuition</u>
Consolidated Edison JAF Station Post Office Box 1702 New York, NY 10116-1702	\$254.01 on 9/3/15; \$193.09 on 10/5/15; \$164.96 on 11/4/15	\$612.06	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Utilities</u>
Hospitals Insurance Company 50 Main Street, Suite 1220 White Plains, NY 10606	11/13/15	\$1,184.00	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Malpractice Insurance</u>
Mass Mutual Financial Group 1295 State Street Springfield, MA 01111	\$585.94 on 10/1/15; \$585.94 on 10/30/15; \$585.94 on 12/1/15	\$1,757.82	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Life Insurance</u>

Debtor 1 **Charles F. Scioscia**

Case number (if known)

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
NYS Department of Taxation & Finance Bankruptcy Unit Post Office Box 5300 Albany, NY 12205	\$750.00 on 9/17/15; \$4,000.00 on 10/2/15; \$2,750.00 on 11/30/15	\$8,250.00	\$46,228.42	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Taxes</u>
Provident Life and Casualty Insurance Co 1 Mercantile Street Worcester, MA 01608	11/23/15	\$1,309.06	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Disability Insurance</u>
Verizon Post Office Box 15124 Albany, NY 12212	\$236.31 on 9/10/15; \$239.99 on 10/15/15; \$233.57 on 11/16/15	\$709.83	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>Telephone</u>

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**  
*Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.*

- ☒ No  
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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#### Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**  
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No  
☐ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
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Debtor 1 **Charles F. Scioscia**

Case number (if known)

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  
Check all that apply and fill in the details below.

- ☐ No  
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
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11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☐ No  
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☐ No  
☐ Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☐ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☐ No  
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
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#### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☐ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
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#### Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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Debtor 1 **Charles F. Scioscia**

Case number (if known)

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
<b>\$0\$ BK Class, Inc.</b> <b>Post Office Box 1004</b> <b>Higley, AZ 85236</b>	<b>\$24.00</b>	<b>July 8, 2015</b>	<b>\$24.00</b>

<b>Andreozzi, Bluestein, Weber, Brown, LLP</b> <b>333 International Drive, Suite B-4</b> <b>Williamsville, NY 14221</b>	<b>\$4,000.00 for tax matters</b> <b>\$2,000.00 for tax matters</b> <b>\$14,100.00 for tax matters and a portion of bankruptcy retainer</b> <b>\$12,600.00 for balance of pre-petition bankruptcy retainer</b>	<b>January 8, 2015</b> <b>May 15, 2015</b> <b>June 15, 2015</b> <b>July 9, 2015</b>	<b>\$32,700.00</b>
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17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

Person Who Received Transfer Address  Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
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19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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Debtor 1 **Charles F. Scioscia**

Case number (if known)

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

Name of Financial Institution

Address (Number, Street, City, State and ZIP Code)

Who else had access to it?

Address (Number, Street, City, State and ZIP Code)

Describe the contents

Do you still have it?

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☐ No

☒ Yes. Fill in the details.

Name of Storage Facility

Address (Number, Street, City, State and ZIP Code)

Who else has or had access to it?

Address (Number, Street, City, State and ZIP Code)

Describe the contents

Do you still have it?

**Hastings Self-Storage**  
**1337 Saw Mill River Road**  
**Hastings on Hudson, NY 10706**

**Charles F. Scioscia**  
**15 Hopke Avenue**  
**Hastings on Hudson, NY**  
**10706**

Various medical records

☒ No  
☐ Yes

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

Owner's Name

Address (Number, Street, City, State and ZIP Code)

Where is the property?

(Number, Street, City, State and ZIP Code)

Describe the property

Value

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- ☒ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☒ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☒ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Fill in the details.

Name of site

Address (Number, Street, City, State and ZIP Code)

Governmental unit

Address (Number, Street, City, State and ZIP Code)

Environmental law, if you know it

Date of notice

25. Have you notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Fill in the details.

Name of site

Address (Number, Street, City, State and ZIP Code)

Governmental unit

Address (Number, Street, City, State and ZIP Code)

Environmental law, if you know it

Date of notice

Debtor 1 **Charles F. Scioscia**

Case number (if known)

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation  
☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
Charles F. Scioscia, MD Post Office Box 468 Hastings on Hudson, NY 10706	Physician/Debtor's d/b/a Joseph A. Salamo, CPA	EIN: 20-2930191  From-To 2007 to Present

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☐ No  
☒ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
Internal Revenue Service Centralized Insolvency Operations Post Office Box 7346 Philadelphia, PA 19101-7346	January, 2015
PHH Mortgage Corporation Modification Payment Processing Center 2001 Bishops Gate Boulevard Mount Laurel, NJ 08054	May, 2015 and September, 2015

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Charles F. Scioscia  
Charles F. Scioscia  
Signature of Debtor 1

Signature of Debtor 2

Date December 7, 2015

Date

Debtor 1 Charles F. Scioscia

Case number (if known) \_\_\_\_\_

**Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?**

- ☐ No  
☐ Yes

**Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?**

- ☐ No  
☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Debtor 1 Charles F. Scioscia

Case number (if known) \_\_\_\_\_

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date December 7, 2015Signature /s/ Charles F. Scioscia  
Charles F. Scioscia  
Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

**United States Bankruptcy Court**  
**Southern District of New York**

In re **Charles F. Scioscia**

Debtor(s)

Case No.

Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- |   |    |  |
|---|----|--|
| For legal services, I have agreed to accept           | \$ | <u>Usual Hourly Rates</u>  |
| Prior to the filing of this statement I have received | \$ | <u><b>11,664.00 (\$10,000.00 Post-Petition Retainer Requested)</b></u> |
| Balance Due   | \$ | <u>Usual Hourly Rates</u>  |
2. \$ **1,717.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
- ☒ Debtor      ☐ Other (specify):
4. The source of compensation to be paid to me is:
- ☒ Debtor      ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 7, 2015

Date/s/ Daniel F. Brown**Daniel F. Brown***Signature of Attorney***Andreozzi, Bluestein, Weber, Brown, LLP****333 International Drive, Suite B-4****Williamsville, NY 14221****(716) 633-3200 Fax: (716) 633-0301**Name of law firm

**United States Bankruptcy Court  
Southern District of New York**

In re **Charles F. Scioscia**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **December 7, 2015**

**/s/ Charles F. Scioscia**

**Charles F. Scioscia**

Signature of Debtor

CHASE BANK  
HOME EQUITY LOAN SERVICES  
POST OFFICE BOX 24714  
COLUMBUS, OH 43224

CHASE HOME FINANCE  
POST OFFICE BOX 24696  
COLUMBUS, OH 43224-0696

CITIMORTGAGE, INC.  
POST OFFICE BOX 6243  
SIOUX FALLS, SD 57117-6243

ELIZABETH GALLETTA  
POST OFFICE BOX 468  
HASTINGS ON HUDSON, NY 10706

FIVE LAKES AGENCY, INC.  
POST OFFICE BOX 8073  
ROCHESTER, MI 48308-0730

INTERNAL REVENUE SERVICE  
CENTRALIZED INSOLVENCY  
POST OFFICE BOX 7346  
PHILADELPHIA, PA 19101-7346

NYS DEPARTMENT OF TAXATION &  
FINANCE, BANKRUPTCY UNIT  
POST OFFICE BOX 5300  
ALBANY, NY 12205

NYS DEPT. OF LABOR, INSOLVENCY  
HARRIMAN STATE OFFICE CAMPUS  
BUILDING 12, ROOM 256  
ALBANY, NY 12240

PHH MORTGAGE CORPORATION  
4001 LEADENHALL ROAD  
MOUNT LAUREL, NJ 08054

REAL TIME RESOLUTIONS  
CHASE DEPARTMENT  
1349 EMPIRE CENTRAL, SUITE 150  
DALLAS, TX 75247